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CONFIRMATION NO. 3993

<b>SERIAL NUMBER</b> 10/663,140	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 8707-2163	
<b>APPLICANTS</b> Christine Henry, Paris, FRANCE; Laurence Graindorge, Chatenay Malabry, FRANCE;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02 11430 09/16/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/09/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>56</u> Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 34313					
<b>TITLE</b> Active implantable medical device of the defibrillator, cardioverter and/or antitachycardia pacemaker type, having a high maximum frequency for antibradycardia stimulation					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		